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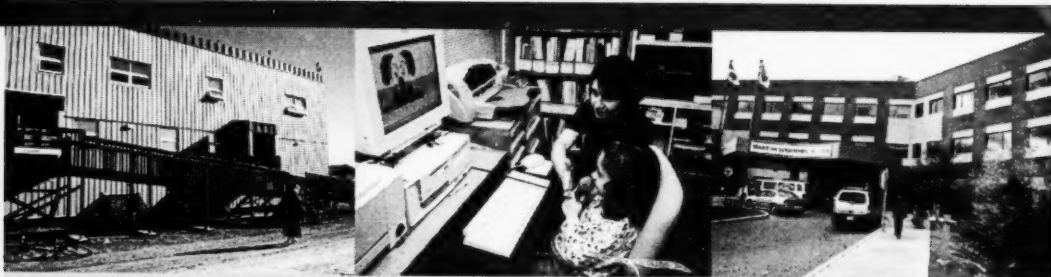
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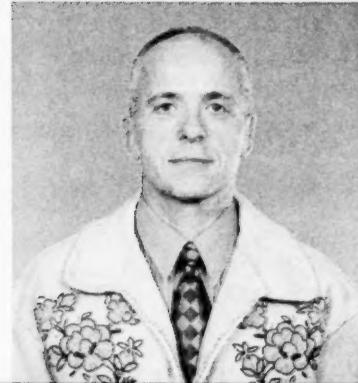


Annual Report



Northwest Territories
Health and Social Services System
Annual Report
2004-2005

Message from the Minister



J. Michael Miltenberger

I am pleased to present the *Annual Report 2004-2005 for the Northwest Territories health and social services system*. The purpose of this report is to provide an overview of the system, and to highlight some of our major accomplishments in 2004-2005.

The health status and social well being of northerners is good in some measures but less than the national average in other measures. Many of the improvements to service delivery described in this report are expected to impact positively on population health and social conditions. One of our key approaches in this regard is through collaboration that integrates the unique contributions of our front line workers in many disciplines and of all our partners in the health and social service fields.

This report also reflects the government's commitment to increased accountability to the people of the NWT.

A handwritten signature in dark ink, reading "J. Michael Miltenberger". The signature is written in a cursive style and is positioned above a horizontal line.

J. Michael Miltenberger
Minister of Health and Social Services

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Overview of the Health and Social Services System



Juliet Vinasoy, Intensive Care Nurse STHSSA

The health and social services system depends on effective partnerships. The Department of Health and Social Services, the Health and Social Service Authorities (HSSAs), other GNWT departments, the Government of Canada, non-government agencies, professional associations, and the public all share responsibility for health and well-being in the NWT. Within the territorial government, the Minister of Health and Social Services is responsible for ensuring that the public system provides and manages services according to government legislation, national and territorial standards, and public priorities.

Department of Health and Social Services

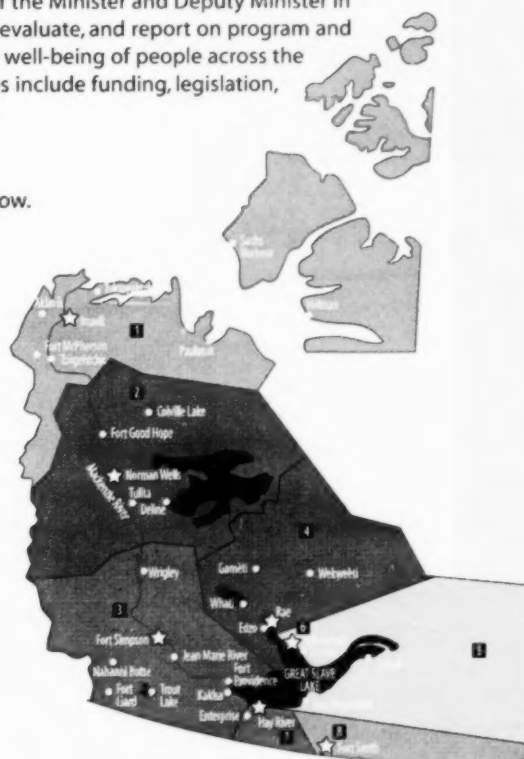
The Department works under the direction of the Minister and Deputy Minister in partnership with the HSSAs to plan, develop, evaluate, and report on program and service delivery that supports the health and well-being of people across the NWT. The Department's major responsibilities include funding, legislation, policy and standards, and strategic planning.

Health and Social Service Authorities

There are eight HSSAs in the NWT shown below.

☆ Administrative Centres

- 1 Beaufort-Delta HSS Authority
- 2 Sahtu HSS Authority
- 3 Deh Cho HSS Authority
- 4 Tłı̨chǫ Community Services Agency
- 5 Inuvik HSS Authority
- 6 Stanton Territorial Health Authority
- 7 Hay River HSS Authority
- 8 Fort Smith HSS Authority



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Health and Social Service Authorities

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☆ Administrative Centres

1 Inuvik Health Authority

2 Sahtu HSS Authority

3 Deh Cho HSS Authority

4 Thcho Community Services Agency

5

6 Stanton Territorial Health Authority

7 Hay River HSS Authority

8 Fort Smith HSS Authority



The HSSAs are responsible for the planning and delivery of health and social services to the people of the NWT. They conduct their own needs assessment, create individual operational plans, and are responsible for the day-to-day management and administration of program and service delivery. The communities served by each HSSA are noted on the accompanying map of the NWT.

Joint Leadership Council

The Joint Leadership Council (JLC) includes the Minister, Deputy Minister and the Chairs of each HSSA. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set priorities and to provide oversight to the delivery of programs and services.

Joint Senior Management Committee

The Joint Senior Management Committee (JSMC) includes the CEOs of each HSSA and senior managers of the department, who provide leadership and direction with respect to the operations of the overall system. JSMC ensures a cooperative and collaborative approach to management of health and social services throughout the NWT.



Mandate of Health and Social Services



Dawn Daig, Audiologist STHSSA

The core business of the health and social services system is to promote health and well-being for the people of the NWT. This includes helping people to take personal responsibility for healthy lifestyle decisions; protecting people from abuse, violence, preventable disease, and unsafe environmental conditions; caring for and/or counseling people when they require support for social or health issues; and treating people when they are sick or suffering from physical, emotional, or mental problems.

VISION

Our children will be born healthy and raised in a safe family and community environment which supports them in leading long, productive, and happy lives.

MISSION

To promote, protect and provide for the health and well-being of the people of the NWT.

GOALS

- To improve the health status of people in the NWT;
- To improve social and environmental conditions for people in the NWT;
- To improve integration and coordination of health and social services by government, private and volunteer sectors; and
- To develop more responsive, responsible and effective methods of delivering and managing services.

CORE SERVICES

The goals are achieved through the provision of core services in six areas, described below.

1) **Diagnostic and Curative Services** are those that are required to diagnose disease and illness and provide treatment. Curative services include all the services provided by physicians, nurses, and allied health professionals in hospitals, health centers, and clinics to treat illness and disease. Diagnostic imaging (e.g. x-rays), laboratory services and some pharmacy are included in this core service. Medical travel services are also included within this core service to ensure that all people have access to medically necessary services regardless of where they live.



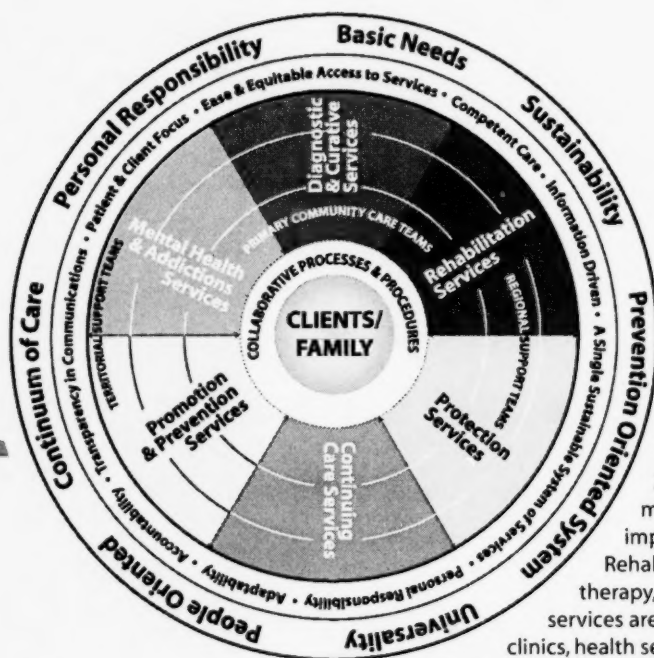
2) Rehabilitation Services help to improve and maintain the functional independence of clients with impairment from injury, chronic disorder, or disability. Rehabilitation services include physiotherapy, occupational therapy, speech and language therapy, and audiology. These services are provided in a range of settings, such as the home, clinics, health services agencies and hospitals, and include assessment, treatment, intervention, and education.

3) Protection Services aim to safeguard the health and well-being of individuals and families, and include child protection services, disease surveillance, public health programs, and environmental health services. Statutory services of the Chief Medical Health Officer, the Public Guardian and the Director of Child and Family Services are within this core service.

4) Continuing Care Services are those services that maintain or improve the physical, social, and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The overall objective is to improve independence and quality of life for these individuals and their families. These services are available both in the home and in residential care settings.

5) Promotion and Prevention Programs are intended to promote health and well-being by providing education and awareness about healthy lifestyles (e.g. diet and exercise) and risk behaviours (e.g. smoking or excessive alcohol consumption). Prevention programs include activities such as childhood immunization, flu vaccinations, cancer screening, early childhood intervention, and diabetes education.

6) Mental Health and Addiction Services assist those with a mental illness, mental health issues, addiction, or concurrent disorders to receive the care and support they need to live in optimal health. Mental Health and Addiction Services are delivered as an integrated program and include education and awareness, assessment and referral, residential treatment, community counseling, and family violence prevention.



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Key Accomplishments in 2004-2005



The 2004-05 fiscal year was the final year of the Minister's Action Plan 2002-05, which committed to a total of 45 concrete action items to improve health and social services. Over the three years of the plan, some of the highlights were:

Services to People

Highlights in the year included publishing a core services document describing the services that the public can expect to receive. This was distributed to all households along with a self-care handbook. Client satisfaction in hospitals and in community health and social services was measured in the fall of 2004. Overall people reported being very satisfied with the health and social services system.

Supports to Staff

A comprehensive human resource plan was developed along with many bursary programs to support training and education opportunities for staff.

System-Wide Management

Roles for health and social services authorities were defined and boundaries re-aligned.

Support of Trustees

A standardized process was developed for nominating board members to the HSSAs. A trustee training program was developed and delivered to all boards.

System-Wide Accountability

An accountability framework was implemented to monitor and report at all levels across the system. A system-wide performance measurement and reporting system was introduced, and an evaluation framework was approved.

Integrated Service Delivery Model

The *Action Plan* also called for the creation of a sustainable system of service delivery based on the concept of primary community care. Toward this end, work continued in 2004-05 on the design and development of the Integrated Service Delivery Model (IDSM), which has three key elements: service integration and professional collaboration; organizational integration; and a set of core services available within the health and social services system.

Other key accomplishments in 2004-05 included the following.

Primary Health Care Reform

Using funding from the federal Primary Health Care Transition Fund, 11 projects based on the primary health care model were initiated. These projects included:

- Coordination of NWT Primary Community Care (Department);
- NWT Multidisciplinary Forum (Department);
- Public Education Plan for NWT Health Care System (Department);
- Beaufort Delta Wellness Teams (Inuvik);
- Integrated Wellness Centre (Rae Edzo);
- Yellowknife Community Health Clinic (Yellowknife);
- Introduction of Midwifery Services (Fort Smith);
- Nurse Practitioner Clinical Training Center (Rae Edzo);
- Northern Women's Health Program (Yellowknife);
- Aboriginal Community Health Worker Training Program (Deh Cho Communities); and
- Community Dental Health Program (Inuvik).

These projects supported primary community care renewal by offering new services, shifting emphasis toward health promotion and disease prevention, increasing client access, improving services, and facilitating efficiency of services. They will be evaluated in 2005-06.

Nurse and Nurse Practitioner Training

There were six students enrolled in the Aurora College Nurse Practitioner Program during the 2004-05 fiscal year. Two students were expected to graduate in spring 2005 and four will graduate in spring 2006. All six will be offered employment as Nurse Practitioners in the NWT. The Department's long-term goal is to have Nurse Practitioners in all health centres, medical clinics and hospital emergency rooms. There were 78 full time and four part-time students enrolled in the Aurora College Nursing Program.

Tele-Care NWT

Tele-Care NWT, a toll-free telephone line for information and advice [1-888-255-1010], was launched in May 2004 to provide 24-hour access to qualified health and social services professionals in any of the NWT official languages. Telephone services are being utilized in other Canadian jurisdictions and have been shown to be an efficient and effective way of supplying health information to clients without requiring them to visit a health care provider unnecessarily. Tele-Care NWT handled an average of 400 calls per month in 2004-05.

Tele-Care NWT
Info-Soins TNO

1-888-255-1010

1-888-255-8211 (TDD/TTY)



Key Accomplishments in 2004-2005



Integrated Service Delivery Model

for the
NWT Health and
Social Services System

Reforming Facility and Medical
Services in the NWT:

A New Direction



Diagnostic Imaging and Medical Equipment

New equipment and upgrades to existing equipment were purchased based on priorities developed by the Diagnostic Imaging Services Committee. This included:

- Ultrasound units for Stanton Territorial Hospital and Fort Smith Health Centre;
- New digital method to capture images at Hay River, Fort Smith, Inuvik, and Yellowknife;
- Community health centres received new equipment to either capture or develop x-rays; and
- Stanton Territorial Hospital received a travel emergency x-ray system to be sent to communities that do not have the necessary equipment to deal with disease outbreaks like TB.

Midwifery

Midwifery services were introduced in the Fort Smith Health and Social Services Centre as part of the interdisciplinary team to support women and families to have healthy pregnancy, birthing, and postpartum experiences. An interdisciplinary working group has been established, education is being provided, a policy framework is under development, and the site is being modified for better care. In future, midwifery services will be expanded to other communities where numbers of birth warrant enhancement of services.

Hospitals and Facilities Review

The Financial Management Board Secretariat (FMBS) directed the Department and the HSSAs to review facility utilization and develop plans for alternate uses for facilities with less than 30% utilization. Following the review, the Department prepared a report titled *Striking A Balance: Redefining Health Care Service Delivery in the NWT*. The report concluded that two NWT hospitals were operating with less than a 30% utilization; however, the report further concluded that additional analysis was required before recommendations addressing the hospital under-utilization could be developed and submitted. A second more detailed report, *Reforming Facility and Medical Services in the NWT; A New Direction*, was completed in February 2005. This report offered a series of 43 recommendations that would improve facility-based care in NWT and increase the efficiency and effectiveness of the NWT health delivery system. In 2005-06, the Department will be consulting with key stakeholders on the recommendations. The end result of this process will form a very important component of the master plans for facilities in Hay River, Inuvik, Fort Smith, and Yellowknife.

Sahtu Health and Social Services Authority

Creation of the Sahtu Health and Social Services Authority was a major action item in the *NWT Health and Social Services System Action Plan, 2002-2005*. Work continued throughout 2004-05 to develop the administrative and program delivery structures required to make the Sahtu Health and Social Services Authority operational.

Mental Health and Addictions Strategy

The 2004-05 fiscal year was the second in a three-year strategy to revitalize mental health and addiction services in the NWT. Teams comprised of three position types - Community Wellness Worker, Mental Health and Addiction Counselor, and Clinical Supervisor - were funded in each HSSA, and staffing actions were initiated. Seven front-line community counseling positions were staffed, and five community wellness workers completed their training in 2004-05. A community counseling toolkit, with program standards and clinical assessment tools and resources, was prepared for front-line staff. A review will be undertaken in 2005-06 to ensure that this initiative is on-track.

Immunization

Beginning in 2004-05 federal funding has allowed enhancements to NWT vaccine programs.

Meningococcal vaccine was introduced in January 2004. This vaccine is recommended by the National Advisory Committee on Immunization, as well as the Canadian Pediatric Society, to protect against meningitis, an infection of the membranes surrounding the brain and spinal cord, and septicemia, a serious blood infection.

Mackenzie Gas Project

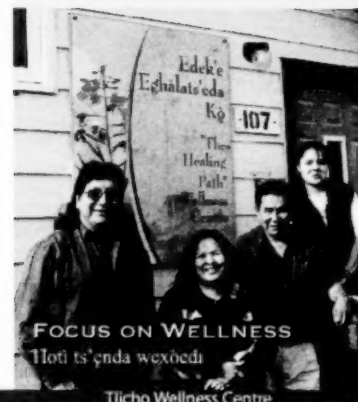
With the filing of the Environmental Impact Statement (EIS) for the Mackenzie Gas Project (MGP), a detailed assessment of the socio-economic and environmental impacts of the project and the proposed measures to mitigate them began in 2004-05. The MGP Task Team, comprised of senior managers and CEOs from the health and social services authorities, continued to participate in the technical review of the EIS and the preparations for the public hearings.

During 2004-05, preparations were undertaken to hold social impact workshops in the Beaufort Delta, Sahtu and Deh Cho regions in order to consult with communities on the potential impacts which the MGP might have.

GNWT Sahtu Regional Workshop
on the Social Impacts of the Mackenzie Valley Gas Project



2004-2005 Highlights from the HSS Authorities



Inuvik Regional Health and Social Services Authority

A community dental health program for two-five year olds was established to reduce the incidence of dental decay and pediatric dental surgeries. A baseline study was carried out to describe the extent and severity of early childhood carries. An operational review of dental services was conducted and training was provided for staff and clients. These activities will be followed up with improved administration, dental health promotion, and regular monitoring.

Sahtu Health and Social Services Authority

The Sahtu Health and Social Services Authority was in its first year of administrative operations with program responsibility not devolving until the following year. Significant progress was made filling regional management and administrative positions that would allow for program devolution to proceed. The regional office moved from its temporary location into its new office in December 2004 and management started preparation for the program devolution to take place on April 1, 2005.

Dogrib Community Services Board

The Dogrib Community Services Board has developed the Tli Cho Healing Path Wellness Program and Centre in Bechoko and Whati. The program responds to issues of addictions, mental health and health and social issues related to lifestyle choices. The program helps people to recognize these issues and how to access the necessary support from a team of wellness workers, counselors, nurses, social workers, schools, and community partners. To date the program has provided counseling, support to individuals and community groups, wellness workshops, and has increased awareness of wellness in the Dogrib region.

The Dogrib Community Services Board has also developed a Primary Health Care Nurse Practitioner Clinical Teaching Center in the Marie Adele Bishop Health Center in Rae-Edzo. This center supported the educational requirement for application and development of Primary Health Care Nurse Practitioner competencies taught in nurse practitioner education programs. It increased access to clinical learning placements for students enrolled in the nurse practitioner program at Aurora College. The teaching center also contributed to primary health care reform by enabling and enhancing the education of Nurse Practitioner students who will be employed throughout the Northwest Territories.

Yellowknife Health and Social Services Authority

The Yellowknife Health and Social Services Authority transformed its Great Slave Medical House into the Great Slave Community Health Clinic. This multidisciplinary, community-based clinic was designed to meet the needs of clients by developing programs consistent with the four pillars of primary care reform: access, wellness, teamwork, and information management. A mental health worker, public health nurse, and advocate have been added to the team of physicians, nurse practitioner, and clinic nurses. The programs were developed based on the expressed wishes of a community advisory committee and a survey of potential clients. Programs will be offered in outreach locations in conjunction with community groups to serve targeted populations such as youth, low income families, and homeless or hard to house individuals in venues that are convenient, comfortable, and easier for them to access.

A complementary initiative took place at the same time - a pilot electronic medical record (EMR) system. The EMR gives providers immediate access to a patient's records, including doctor's notes, specialist reports, lab and other test results, and medication history. It can track referrals and tests efficiently, improving follow-up care. Plans are to link it into a larger network that would allow for better tracking of, and response to, the health service needs of northern residents.

Stanton Territorial Health Authority

The 2004-05 was an exciting and active year for the Stanton Territorial Health Authority.

A number of initiatives impacted on the operation of the hospital during 2004-05, including:

- Greater utilization of midwives and nurse practitioners in the Northwest Territories;
- An increase to psychiatry by funding for a second full time psychiatrist;
- Development of a referral process for medical services;
- Creation of a centralized medical travel service;
- Implementation of some of the recommendations arising from the operating room review; and
- Initiation of projects arising from the technical status evaluation for the physical plant.



2004-2005 Highlights from the HSS Authorities



Corina Guy, Nurse in Charge HRHSSA

A shortfall of nurses impacted delivery of services, and later resulted in an aggressive plan for recruitment and inservice staff development. Numerous new graduate nurses were hired in addition to the undertaking of the many training programs in critical care, emergency room nursing, perinatal/labour and delivery and perioperative services.

Nursing vacancies fell from more than 30 in the previous fiscal year, to a low of three in 2004-05.

Stanton Territorial Hospital participated in a government-wide plan to consolidate and streamline the provision of HR services, benefits administration and payroll administration. Stanton Hospital also led an exercise to formalize the referral process for medical services outside of the territory.

Hay River Health and Social Services Authority

The 2004-2005 fiscal year was one of transition in the leadership of the Authority, with an interim CEO for most of the year. Some of the new initiatives during the year, however, included:

- Rehabilitation Department - as per the direction of the ISDM, the rehab department was built up with the addition of a second physiotherapist and a speech language pathologist. The latter shared time between Hay River and Fort Smith, in working with children in the South Slave area.
- Healthy Living Program - This new program was started with two staff as an outreach program to work with parents of young children. Education and dialogue focuses on areas such as communication and healthy diets.
- Public Health - staff were involved in a successful campaign to administer the meningococcal vaccine to all children and youth in the area. This was part of the special NWT vaccine program referred to earlier in this report.
- Medical Services - the Authority was fortunate to have four full-time family physicians along with several regular locums to provide medical services through the clinic and hospital.
- The Women's Wellness Program is a holistic approach to providing health and social services to women. Wellness services are available through the nurse practitioner after an initial assessment is completed. The client is then referred to the most appropriate provider. The project was overseen by a committee comprised of staff, community members and students.

Fort Smith Health and Social Services Authority

A midwifery services project was initiated in the Fort Smith Health and Social Services Centre as part of the interdisciplinary team to support women and families to have healthy pregnancy, birthing and postpartum experiences. Funding from the Primary Health Care Transition Fund was secured to develop this program. To date, an interdisciplinary working group has been established, education is being provided, a policy framework is in development, and the site itself has been selected. Some of the challenges included dealing with a learning curve, team building, and role definition while successes have included increased understanding and support from staff and clients.

The dialysis unit in the Fort Smith Health Centre started in December 2003 with one patient, and in 2004-05 increased its capacity to treat four patients. This was a result of purchasing three dialysis machines and training three nurses. The Northern Alberta Renal Program conducted an operational review of the Fort Smith dialysis unit in March 2005 with very positive results.

Midwife, Gisela Becker with new mom FSHSSA



Featured Authority Deh Cho Health & Social Services



Chair - Allan Landry

The contributions of the HSSAs are key to the success of the NWT health and social services system, as they are the primary delivery agents for programs and services to the people of the NWT. Each year, the *Annual Report* will feature one authority. This, the first report, introduces the Trustees of the Deh Cho Health and Social Services Authority.

Chair - ALLAN J. LANDRY

Allan J. Landry is the Chairperson of the Deh Cho Health and Social Services Authority. He is also a Board member of Deh Cho Divisional Education Authority and sits on numerous political and sports boards and committees. He is a First Nation Councilor and private businessman residing in Kakisa. Allan has lived all his life in the NWT and is an avid dog-team racer, competing hroughout the NWT and Canada.

Joining Mr. Landry on the board are:

SANDRA ROWE, Fort Simpson

Sandra Rowe has lived in Fort Simpson with her husband for 22 years, where they raised their two children, now aged 23 and 20. She and her husband own and operate a business in Fort Simpson that has been in operation for 17 years. She worked for the Fort Simpson District Education Authority from 1992 - 2001, when she resigned to work full-time for the family business. Over the years she has served on various sports and community boards in Fort Simpson and enjoys gardening, golfing, and curling.

MARGARET IRELAND, Jean Marie River

Margaret Ireland is a Dene woman from Jean Marie River. She left her community at 14 years of age to continue her education. Since then, she has returned to her community for yearly visits. In 1993, Margaret, her husband and two children moved to High Prairie, Alberta and in 1997 Margaret and her husband moved back to Jean Marie River. Margaret sat on the First Nation Band Council, for six years, the Deh Cho District Education Authority for three years, Deh Cho Health and Social Services Authority for seven years, and the Native Women of NWT for six years.

PETER SABOURIN, Hay River Reserve

Peter Sabourin has lived in Hay River Reserve all his life with his wife and daughter. He also helped raise one grandson, and is currently a foster parent. Peter worked for Evergreen Forestry for 30 years and has worked for the Hay River Dene Band for the last 14 months. He enjoys fishing, hunting, and trapping. Peter sits on the Hunting and Trapping Committee, Fisherman Federation Committee, and, for the past two years, the Deh Cho Health and Social Services Authority.

JULIE CAPOT-BLANC, Fort Liard

Julie Capot-Blanc is a permanent, long term resident of Fort Liard. She is an active member in community events, and sits on numerous boards within the community and the Region. Julie is a board member on the Municipal Council, Acho Dene Koe Holdings, First Nation Council, and, for the past year, the Deh Cho Health and Social Services Authority. Julie trained in the Human Resource unit. She is currently the Human Resource Manager for Beaver Enterprises Ltd.

STELLA PELLISEY - Pehzeh Ki First Nation

Ms. Pellisey was born and raised in Pehzeh Ki but attended high school in Fort Simpson. After graduating, she attended the University of Saskatchewan and attained her Bachelor of Arts Degree, majoring in History. She returned to her community and is employed with the Pehzeh Ki First Nation as a Finance Officer. Stella represented Pehzeh Ki for two consecutive terms with the support of the Chief and Council. She is a strong advocate for her community and was able to articulate the needs of the people she represented in a very professional manner.

JAYNE KONISENTA - Nahanni Butte First Nation

Jayne represents the pristine community of Nahanni Butte. She represented her community on both the Deh Cho Health and Social Services Board and the Deh Cho Divisional Boards. Jayne encouraged cooperative initiatives between the two Boards.

BETTY ANN MINOZA - Deh Gotie Dene Council

Betty Ann Minoza represented the Deh Gotie Dene Council and is a strong voice for community wellness programs and services in Fort Providence. She worked as the Community Alcohol and Drug Counsellor and is currently employed with the Band's Wellness Program.

Featured Authority Deh Cho Health & Social Services



Home Care
in your
Community

MARILYN LOMEN - Sambaa K'e First Nation

Marilyn is a young Dene woman raised in the community of Trout Lake. She attended Thomas Simpson School to complete her Grade 12. She loves the great outdoors and is very passionate about horses and animals in general. Marilyn spends a lot of time assisting her elderly mother and enjoys going out on the land.

The Year's Highlights in the Deh Cho

The following are some of the highlights of health and social services in the Deh Cho Region during 2004-05.

Mental Health, Addictions, and Family Violence

A new unit was established under the management of Ethel Lamothe and all sites were combined with social services. A number of new staff were hired including one Regional Clinical Supervisor, four Mental Health Counselors and four Community Wellness Workers. Existing staff received training and team development and orientation occurred within the unit itself as well as with the Authority staff and communities. Links were forged with the communities as the unit began its work with Traditional Healing.

Home Care

This unit has seen some significant changes over the past year with a new manager of Health Services, a new Coordinator and a new position of home care nurse. Client Assessments are now being done for every client who is receiving services. Training has been provided for Home Support Workers to ensure that their credentials are current. Family involvement was enhanced through education about the Home Care Program and through collaborative relationships with families. Public education in the school system and summer student employment program promoted career opportunities in the home care profession. Meals on Wheels service was expanded to include a broader client base as well as to increase access in some of the other communities.

Social Services

The Foster Parent Program has been very active. A recruitment and information night, entitled Understanding Adolescents, was held in Fort Simpson. In collaboration with the Foster Family Coalition group in Yellowknife, five children were sent to Camp Connections where they were able to connect with other foster children throughout the NWT. Deh Cho Social Services also participated in the Imprint Working Group to standardize foster care across the NWT. The Protection Program held information sessions with the RCMP and Justices of the Peace about the new Emergency Protection Order. Two staff attended the Adoptions Refresher Training and several staff participated in the Social Work Mentorship Training Program.

Medical Services

Consistently under-served in personnel, medical services maintained their programs, continued their training in a variety of areas, and supported others in Long Term Care and Home Care. One new Nurse in Charge, Community Health Nurse, Licenced Practical Nurse (LTC) and Supervisor for LTC were hired. The number of returning physicians and relief nurses increased significantly. The Aboriginal Community Health Worker Training Program was devised in partnership with Aurora College and has seen a beneficial change for the workers and the community. The Diabetic Clinic was once again well-attended by the 70 diabetics in the catchment area and provided both education and outreach that was well received.

Integrated Services Delivery Model (ISDM)

A number of activities occurred as part of implementing the ISDM. The Management Team and Deh Cho Health and Social Services Authority jointly developed a three-year Strategic Directions document and implementation plan based on the ISDM framework. Primary focus of the plan is to recognize and build on current practices that in essence capture the ISDM guiding principles and formalize current delivery practices and patterns. It was also recognized by Management and the Board that a key component to support and facilitate the implementation of ISDM and the Strategic plan was to establish an ISDM Coordinator position. The ISDM and the Strategic Plan were presented and reviewed at the Cross Cultural Training and Change Management Workshops with all staff. ISDM materials were distributed in all communities. There is a lot of work ahead for us but we are up to the challenge. Improving our delivery system means improved outcomes for our clients.



Integrated Service Delivery Model

Featured Program Public Health Services



Dr. André Corriveau

Each year the *Annual Report* will also feature one program from among the six core services provided within the health and social services system. Public health services are featured in this first report.

Message from Dr. André Corriveau, Chief Medical Health Officer

The term 'Public Health' generally refers to the organized efforts of society to prevent disease and injuries, and to improve the health status of people. During the past few years, several reports in Canada highlighted the need for, and made recommendations to, strengthening public health capacity in order to prevent the recurrence of major disease outbreaks and better manage the threats of an unsustainable health care system.

In this regard, the ISDM identified three priority needs for the NWT public health system: a new public health act; enhanced public health information systems; and building surge capacity to improve our response to disease outbreaks and other emerging public health issues. The same document also recognized the need for more investments in disease prevention and health promotion activities in acknowledgment of the fact that a large proportion of the demand made on our health and social services system are the result of preventable conditions.

Legislative Initiatives

On the legislative front, 2004-05 saw significant progress made on the development of a legislative proposal on tobacco control, to provide a stronger foundation and up-to-date regulatory tools for ongoing prevention efforts in this area, which represents an overall annual societal cost that may reach up to \$31M in the NWT. A discussion paper on the renewal of the *NWT Public Health Act* also drew much interest and feedback, which has served as a basis for moving forward on a planned major revision due to be completed by 2006-07.

Public Health Information Management System

In 2004-05, the Department moved forward on the implementation of iPHIS, a new public health information management system developed as a collaborative venture between Health Canada and a number of provinces and territories. This represented a \$217,583 investment in 2004-05, and represented a total investment of \$750,000 up to, and including, the 2004-05 fiscal year.

Regional Public Health Units

With regard to public health capacity building, the ISDM emphasizes the importance of building regional and territorial support teams. Planning in 2004-05 prioritized the need to implement three new regional public health units in the Tlicho, Deh Cho and Sahtu regions. This initiative, made possible through the 2004 National Health Accord, injects the following additional funds into our system: \$907,000 in 2005-06, \$934,000 in 2006-07, and \$962,000 in 2007-08.

TB Control in Colville Lake

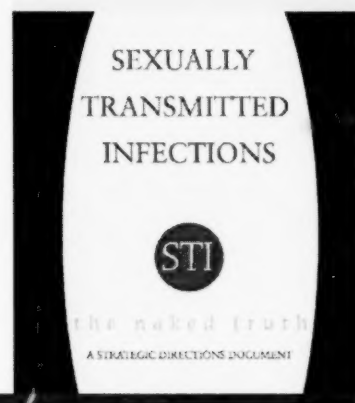
Following the diagnosis of pulmonary Tuberculosis (TB) in an elderly gentleman from Colville Lake on May 17, 2004, a community TB screen was done. One additional case was identified and 21 individuals tested positive for infection but not the disease. Seventeen other community members were identified with latent TB infection (LTBI). Identifying cases of both TB (infectious to others) and latent TB (not infectious to others) will decrease subsequent exposure to TB and prevent future cases, ultimately decreasing the overall TB rate in the NWT.

In September 2004, Dr. Anne Fanning, a world-renowned TB expert, conducted an external review of the NWT's TB Program and submitted her report to the Department in March. Presently, the Office of the Chief Medical Health Officer is developing an action plan to address her recommendations for strengthening the NWT TB Program.

Congenital Anomalies Registry

The Early Childhood Development Strategy Team completed a framework for a congenital anomalies surveillance strategy. Based on consultation and best practice research, this system would facilitate clinical services to affected children and their families, improve programming and prevention strategies, enhance community links and allow for research opportunities. Surveillance experts at the British Columbia Health Status Registry expressed an interest in assisting NWT efforts to establish a registry that recognizes the aspects of FASD diagnosis that require additional considerations in system design. These efforts contribute to the Early Childhood Development strategy and action plan.

Featured Program Public Health Services



STI Strategy

The Naked Truth, the Department's strategy document on the prevention and control of sexually transmitted infection (STIs) highlights the seriousness of the concerns and possible long-term effects of STIs. It describes the key elements of a comprehensive approach to prevent and control sexually transmitted infections in the NWT in an effort to improve the sexual health of NWT residents, especially for our youth. The goals, objectives, and actions outlined were built upon a workshop report entitled *A Five-Year Strategy for Working Together to Prevent Sexually Transmitted Infections* and subsequent consultations with local and regional elders, community leaders, and health care professionals.

Healthy Choices Framework

In a collaborative undertaking, the Department of Health and Social Services worked with Education, Culture & Employment, as well as Municipal & Community Affairs to develop the *NWT Healthy Choices Framework*, which is a joint commitment towards:

- Information and resource sharing in the development of health promotion initiatives;
- Enhanced coordination of territorial prevention and promotion programs around targeted population groups;
- Establishment of system-wide strategic linkages between GNWT departments who are involved health promotion programming;
- Better delivery of programs and services to residents as a result of a more supportive environment.
- Families and individuals who better understand that the choices they make and their health that choices made by families and individuals can impact health; and
- Healthier NWT residents.

Profile of Public Health Nurse, Juliet Bullock-Piascik

Juliet Piascik is from Gwich'in ancestry in the NWT and is a Public Health Nurse with the Yellowknife Health and Social Service Authority. Her health career started in 1988 as a Nursing Assistant and has expanded with each new educational achievement. In 1993, she graduated from the Registered Nursing Program in Kamloops and returned North to practice as a Registered Nurse in Inuvik and then Yellowknife in 1997. Her next achievement was a Bachelor of Science in Nursing from the University of Victoria where she graduated with distinction and represented her class as their valedictorian. Presently, a master's degree is keeping her occupied.

Over the years, Juliet's nursing experience has led to her understanding that health is a combination of cultural, spiritual, socioeconomic and environmental concepts. Her role as a nurse is to integrate these health determinants with the principles of Primary Health Care while advocating on behalf of her clients to expand their access to essential health care services and resources. In this way, she believes clients can increase their control over the decisions they make about the health of their families and themselves. Her philosophical roots as a nurse confirm that she has the capacity and power to make a difference in the lives of her clients.

Juliet says, "As nurses, we must continue to encourage the heart and continue our genuine act of caring that uplifts the spirit and draws us together. As I grow and develop as a nurse and person, it is important for me to continue to practice integrity, commitment, communication, and loyalty reflecting on my professional and personal beliefs. I believe when sharing values and beliefs, we become kindred spirits."

Juliet Piascik, Public Health Nurse YHSSA



Special Events and Reports in 2004-2005



Butthead school event

Fetal Alcohol Spectrum Disorder (FASD)

The Department, in collaboration with Aboriginal, community, and government stakeholders, developed an Integrated Approach for FASD in the NWT that aims to reduce the number of babies born with FASD and address the needs of individuals diagnosed with FASD in the NWT. The Department is a member of the Canada Northwest FASD partnership and, throughout 2004-05, distributed funding from the First Nations and Inuit Health Branch to communities in support of FASD activities, including:

- Community-based FASD training and capacity building in several communities in the Beaufort-Delta;
- Workshop for Early Child Care and Learning Worker and Early Intervention Workers on Behavioural Interventions for Children with FASD; and
- Community workshops to assist community members in identifying resources and planning FASD activities at the local level.

Breastfeeding Professional Conference and Public Workshops

Dr. Jack Newman, an internationally renowned Canadian breastfeeding specialist and author of *Jack Newman's Guide to Breastfeeding*, provided information and advice to health professionals and to the public. In January 2004, at conferences entitled Practical Breastfeeding: Applying Knowledge to Clinical Practice in Yellowknife and Inuvik, Dr. Newman answered common questions, addressed difficult breastfeeding situations and offered possible remedies. At evening presentations, he spoke to interested community members. Copies of his book were distributed to all health centres and public libraries across the NWT.

"Don't be a Butthead" Youth Social Marketing Campaign

In keeping with the emphasis on health promotion and illness prevention, the Department sponsored the "Don't be a Butthead - Be Smoke Free" anti-smoking campaign. Smoking is one of the most pressing public health issues in the NWT, and is responsible for a high incidence of preventable health problems in the population. The highly popular and very effective "Butthead" social marketing strategy was aimed at non-smoking youth between the ages of eight and 14, and was designed to strengthen their resolve to remain smoke free for life. Over 2,200 youth (four times the initial target for this initiative) committed to being smoke free and 87% of parents reported that their child took this commitment very seriously. The campaign also had broad support from Members of the Legislative Assembly, some of whom using it as a prompt to quit smoking and/or contributing actively to its promotion.

**Injury in the
Northwest Territories**
A Summary Report

Injury Report and Conference

In December 2004, the Department released a special report entitled *Injury in the NWT: A Summary Report*. This was followed by a key stakeholders meeting in Yellowknife held in partnership with the Canadian Public Health Association, NWT/Nunavut. The purpose of the meeting was to develop linkages for joint activity and increase awareness about injury prevention. From January to March 2005, a series of community visits in cooperation with the Native Women's Association were held. These discussions will be used as part of the development of a territorial injury prevention strategy and development of a steering/advisory committee. A territorial Injury Prevention Strategy is being developed.

Department of HSS 2004-2005 Actual Expenditures



Brigitte Dionne, Lab Technician STHSSA

Directorate	5,752,000
Program Delivery Support	32,713,000
Health Services Programs	143,681,000
Supplementary Health Programs	17,840,000
Community Health Programs	58,919,000

Total **258,905,000***

*includes GNWT contribution funding to the HSSA

HSSA Revenues and Expenditures

Authority	2004-05 Revenues	2004-05 Expenditures	2004-05 Operating Surplus/ Deficit	Accumulated Surplus/ (Deficit) March 31, 2005
Tlicho Community Services Board	\$10,902,379	\$ 10,433,009	\$ 469,370	\$ 473,800
Deh Cho Health & Social Services Authority	13,828,351	13,847,607	(19,256)	1,987,277
Fort Smith Health & Social Services Authority	14,874,481	14,937,596	(63,115)	114,652
Inuvik Regional Health & Social Services Authority	54,367,347	52,681,645	1,685,702	(585,771)
Yellowknife Health & Social Services Authority	36,163,802	36,461,113	(297,311)	1,514,655
Hay River Health & Social Services Authority	16,809,232	17,097,196	(287,964)	(290,902)
Stanton Territorial Health Authority	71,602,728	71,846,127	(243,399)	508,889
*Sahtu Health & Social Services Authority	1,170,133	829,388	340,745	317,760

*Sahtu program expenditures reflected in Inuvik figures

Active Positions

(2004-05 Main Estimates)

Department	158
Deh Cho HSSA	82
Tlicho HSSA	92
Beaufort Delta HSSA	272
(also serving the Sahtu)	
Sahtu HSSA (under development)	7
Fort Smith HSSA	101
Hay River	143
Yellowknife HSSA	152
Stanton Territorial Hospital	390
Total	1,397



